

CIT Newsletter

THE NEWSLETTER OF THE HOUSTON POLICE DEPARTMENT'S CRISIS INTERVENTION TEAM (CIT)

Operations Coordinator — Houston Police Department

Volume 5—Year 2003

CIT Officer Donald Matheny Receives Life Saving Award

Officer Donald Matheny was working a seatbelt enforcement program when bystanders pointed out a homeless man threatening to jump from a nearby freeway overpass. Although he had recently completed the Crisis Intervention Team 40-hour training, Officer Matheny had not had the need to practice his newly learned skills. That need had arrived—this was a real person, on a real overpass, threatening to kill himself.

Matheny practiced the skills he learned in the CIT training. He approached the man cautiously and in a non-confrontational

manner. He gave the person space, called the person by name, spoke in a calm tone of voice, actively listened, was empathic, and offered the distressed man a bottle of water to help coax him from his precarious position.

The tactics worked. Matheny stated that “When I got his name, that’s when he started talking to me.” Once the lines of communication were opened, Matheny listened actively as the man explained he was tired of living and had nothing to live for. Matheny successfully talked the man off of the ledge and took him for



Officer Donald Matheny
Marshal Division

psychiatric treatment.

Matheny credited his CIT training with providing him with the skills needed to resolve this delicate, volatile, life-threatening situation. ♦

Houston's CIT Program Receives Leadership Houston Award

Leadership Houston presented the Houston Police Department with a Leadership in Action award for the department's Crisis Intervention Team program. The award was presented for the extraordinary contribution the program has made toward the betterment of life in the greater Houston community, for the positive working relationship the

Houston Police Department has forged with the mental health community, and for the program's efficient use of community resources. Mr. Ron Stone, president, Stone Films of Texas, Inc., and longtime KPRC TV news anchor, was the keynote speaker.

The Leadership in Action Awards recognize corporate and community



organizations which have made extraordinary contributions toward the betterment of life in the greater Houston area.

Leadership Houston was founded in 1981 as a nonprofit organization dedicated to identifying and developing leaders from greater Houston. The Leadership in Action Awards program is an annual event. ♦

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J. L. Breshears
Acting Chief of Police

Message From Chief Breshears

An Impressive List of Accomplishments

The Crisis Intervention Team (CIT) program started as a pilot project in July of 1999 at the Central Patrol Division. After six months of comprehensive analysis, the decision was made to expand the program to all patrol divisions. By December of 2001, we reached our goal of training 25 percent of the patrol force. Since then—a relatively short period of time—the program has amassed some impressive accomplishments. The following is a partial list:

- The largest CIT program of any law enforcement agency in the nation with over 800 Houston Police Department officers trained.
- CIT training provided to over 500 personnel from 26 regional law enforcement agencies.
- Training of the first group of San Antonio Police Department and Bexar County Sheriff's Office CIT personnel.
- CIT training provided to Austin Police Department and Travis County Sheriff's Office personnel.
- A profile of our program on CBS News' *48 Hours* titled "Breaking Point."
- A profile of our program on KHOU Television's *Close Up* newscast.
- A profile of our program on the Austin (TX) Fox News Affiliate.
- A presentation of our program to law enforcement and mental health personnel at the Midwest Regional Law Enforcement & Mental Health Conference in Springfield, Illinois.
- A "Leadership in Action" award from Leadership Houston, an award from the Eli Lilly Company, a "Special Recognition" award from the

Mental Health Association of Texas, and an award from the National Alliance for the Mentally Ill Texas.

- Our program cited in the *Criminal Justice/ Mental Health Consensus Project* Report as a model program.
- Requests for information on our program from the Police Executive Research Forum, Sam Houston State University, British Columbia Sheriff Services, the Los Angeles Police Department, the Chicago Police Department, the New York City Council, the Philadelphia Police Department, and other law enforcement agencies across the state and nation.

Our most important accomplishment, however, is the professional, appropriate, efficient, and humane response we are providing to individuals in serious mental health crises and their family members.

Four factors contribute to the overwhelming success of this program. First, we have an excellent training staff. Second, we are fortunate to have a very close, positive working relationship with the mental health community. Third, we have support from the community at-large.

The fourth and most important reason for the success of our CIT program are the CIT officers who do a commendable job handling these very difficult situations. Your compassion, knowledge, diligence, enthusiasm, and professionalism are impressive and appreciated. You are literally saving lives and making a positive difference in our community. Keep up the good work. ♦

Citizens Praise CIT Officers for Their Handling of a “Hysterical” Person Behaving “Wildly”

Crisis Intervention Team (CIT) Officers Kent E. Winebrenner and Robert T. Mathews, of the North Patrol Division, utilized their CIT training and responded very professionally and appropriately to a very difficult and dangerous situation. Witnesses on the scene praised the officers for their patience and restraint stating the officers “handled the situation perfectly” and that the officers “performed flawlessly in a tough situation.” One witness was quoted as saying “I would hope that if I lost my mind, they’d call the same people.” The same witness went on to say “I might not have had so much patience, because he [the suspect] was pretty tough. They did an excellent job.”



Officer Kent E. Winebrenner

The situation involved a 35-year-old male who appeared to be under the influence of some type of drug and who was “hysterical” and acting “wildly” according to witnesses. The incident occurred in the Acres Homes area of Houston. Residents first noticed the suspect at approxi-

“The CIT training was a tremendous help in this situation. Before taking the training, the normal course of action would have been to use physical force to remove the suspect from under the house.”

• **Officer Kent Winebrenner**

mately 9 a.m. running from a suspected crack house. The suspect started yelling, screaming, and ripping his shirt off. He ran to a field and started digging in the dirt and butting his head against a tree. From there he ran to a nearby residence where he knocked over several items from a table before flipping the table over. He proceeded to put his fist through two windows and finally crawled under the house.

Calls to 911 had been made by this time. Officers

Winebrenner and Mathews arrived and found the suspect under the house. The suspect was still very agitated and had broken some water pipes under the house. Rather than physically confronting the suspect and further agitating him, the officers were very patient and non-confrontational. They spent 30 to 40 minutes attempting to talk to the suspect from under the house. They utilized their CIT training by repeating themselves, talking in a calm tone of voice, actively listening, and assuring the suspect they were there to help, not hurt him. At one point, the suspect started



Officer Robert T. Mathews

coming from under the house only to go back under. The officers could have grabbed him but preferred to continue to talk him out. Their patience and non-confrontational tactics paid off. Officers Winebrenner and Mathews were able to safely coax the suspect from under the house without having to resort to physical force. The officers continued to talk to the suspect. They reassured him they were there to help him as the suspect was handcuffed and prepared for transport by Houston Fire Department Emergency Medical Services personnel. Unfortunately, as the paramedics were preparing to transport him, the suspect stopped breathing. The paramedics started cardiopulmonary resuscitation and transported the suspect to Doctors Hospital where he later died. Family members later told police investigators the suspect had a history of crack cocaine use.

Officer Winebrenner stated his CIT training was a tremendous help in this situation. He stated that before taking the training, the normal course of action would have been to use physical force to remove the suspect from under the house. This would have resulted in a physical confrontation and the possibility of injury to the officers and suspect. ♦

Information from a Houston Chronicle article titled “Officers praised in subduing man” by Peggy O’Hare was

San Antonio and Bexar County Implement CIT Programs Based on Houston Police Department Model

Houston Trains First Group of Officers and Deputies

The San Antonio Police Department and Bexar County Sheriff's Office recently implemented Crisis Intervention Team (CIT) programs based on the Houston Police Department model. To help get the programs up and running, then Houston Chief of Police C. O. Bradford approved a request for the Houston Police Department to train the first group of officers and deputies and the trainers who will train subsequent personnel. The Houston training team provided Houston's week-long CIT instruction to 25 San Antonio police officers and 25 Bexar County sheriff's deputies at the San Antonio State Hospital the week of April 28, 2003.

A breakfast, attended by several area dignitaries, kicked off the training. The dignitaries included The Honorable Nelson Wolff, County Judge, Bexar County; Albert Ortiz, Chief of Police, San Antonio Police Department; Ralph Lopez, Sheriff, Bexar County Sheriff's Office; The Honorable Polly Jackson-Spencer, Judge, San Antonio Probate Court No. 1; and Mr. Leon Evans, Director, Center for Health Care Services. Each of the dignitaries made welcoming remarks thanking the Houston Police Department for its generous assistance and talked about the importance of the program.

The law enforcement and mental health communities have worked together for the past two years to develop and implement the CIT program and were very eager and excited for the training to begin. Development and implementation of the CIT program was a community effort to improve law enforcement's response to people with mental illness. The effort was coordinated by the National Alliance for the Mentally Ill—San Antonio. The collaborative workgroup is attempting to replicate all facets of Hous-



Houston Crisis Intervention Team (CIT) Officers Doug and Maryann Hrnrcir with Captain Harry Griffin (center) of the San Antonio Police Department. Captain Griffin is in charge of San Antonio's CIT program. Officer Maryann Hrnrcir acted as a role player during the San Antonio training and Officer Doug Hrnrcir acted as a role-play facilitator.

ton's program, from the Houston Police Department's 40-hour CIT curriculum, (this includes the positive working relationship that exists between law enforcement and mental health;) a mental health facility available 24-hours-a-day, seven-days-a-week; a streamlined process for the transfer of a mental health consumer from law enforcement officer to mental health professional; and our annual refresher training.

The training went very well. The officers and deputies attending were very excited about the program and eager to practice their newly-learned skills. The law enforcement and mental health communities in San Antonio were very impressed with Houston's accomplishments. ♦

Houston Asked to Provide CIT Training to the Austin Police Department and Travis County Sheriff's Office

The Honorable Guy Herman, judge of Travis County Probate Court No. 1, asked for Houston's assistance with providing Crisis Intervention Team (CIT) training to law enforcement personnel in the Austin area. Chief Bradford approved Judge Herman's request and the Houston CIT training team provided its 40-hour CIT instruction to a group of 20 Austin Police Department officers and 20 Travis County Sheriff's Office deputies during the week of August 11, 2003. The training was held at the Austin State Hospital.

In addition to being the local judge responsible for civil commitments of the mentally ill and mentally retarded in Travis County, Judge Herman is the Chair of the Travis County Mental Health Project. The Project is a collaborative initiative to improve and consolidate law enforcement's response to individuals in mental health crises in Austin/Travis County.

Although CIT training is not new to the Austin Police

Department and Travis County Sheriff's Office, Judge Herman viewed Houston's training as beneficial to the Project's efforts. The training was received very favorably. Although the students were impressed with the overall quality and substance of the training, the role play scenarios, consumer presentation, officer safety and awareness instruction, and the explanation of the system we have in place in Harris County were of special interest to the students.

Participants also were very impressed with the positive working relationship that exists between the Houston Police Department and the mental health community in Houston/Harris County and the many accomplishments that have resulted as a result of this collaboration. Of specific interest were the streamlining of our procedures for obtaining an emergency detention order and the opening of the NeuroPsychiatric Center. ♦

Woman Holding Butcher Knife to Throat Talked Out of Committing Suicide—Credits the Officer With Saving Her Life

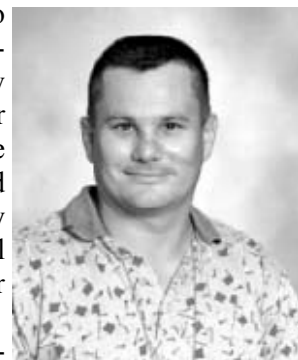
Officer Randy Crowder, of the North Patrol Division, responded to a family disturbance call involving a weapon. The call turned out to be a very distraught, depressed female in a mental health crisis who stated she was having problems with medications. She was holding a butcher knife to her throat and stated she wanted to kill herself. She had previously threatened to kill herself with a gun, but her husband managed to get the gun away from her. To complicate matters, the female had been drinking alcohol.

Officer Crowder responded to the call. Utilizing his Crisis Intervention Team (CIT) training, Officer Crowder patiently talked with the consumer, actively listened, was sympathetic to her condition, did not invade her space, explained there are better medications today, and reassured her he was there to help her. The tactics worked; Officer Crowder was able to talk the consumer into putting the knife down and submitting to the officers without incident. Officer Crowder continued to reassure her the officers were there to help her and she was taken to the

NeuroPsychiatric Center (NPC) for emergency evaluation and treatment.

Later, from the NPC, the consumer called the North Patrol Division and asked to speak to a supervisor. The consumer told the supervisor how thankful she was for Officer Crowder's intervention. She stated Officer Crowder acted very professionally and was very knowledgeable about mental illness. She credited Officer Crowder with saving her life.

Officer Crowder later commented that the scene was just like a role-play scenario he participated in while attending CIT training. He said he couldn't have de-escalated the situation without the CIT training and experience. ♦



Officer Randy Crowder

Houston's CIT Program Included in Unprecedented National Criminal Justice/Mental Health Initiative

The Council of State Governments coordinated a two-year effort to prepare specific recommendations that local, state, and federal policymakers, and criminal justice and mental health professionals can use to improve the criminal justice system's response to people with mental illness. Project partners included the Association of State Correctional Administrators; the Brazleton Center for Mental Health Law; the Center for Behavioral Health, Justice & Public Policy; the National Association of State Mental Health Program Directors; the Police Executive Research Forum; and the Pretrial Services Resource Center. This was a national effort to improve the response to people with mental illness who are involved with, or at risk of involvement with, the criminal justice system. This unprecedented effort does five things:

1 The Problem. Highlights the dimensions, complexity, and urgency of the problem of the over-representation of people with mental illness in the criminal justice system. The New York City Police Department, for example, responds to a call dispatched as involving a person with mental illness **every 6.5 minutes**. [1]

Another example of this over-representation is the rate of mental illness in state prisons and jails in the United States which is at least three times the rate in the general population. [2]

5%

The rate of mental illness in the **general population**. [3]

16%

The rate of mental illness in state prisons and local jails in the United States. This is at least **three times** the rate in the general population. [4]

72%

The percentage of people with mental illness who were **re-arrested within 36 months** of their release from the Lucas County, Ohio Jail. [5]

40,000

The number of times during the year 2000 that law enforcement officers in Florida transported a person with mental illness for an involuntary 72-hour psychiatric examination under the Baker Act. [6] This exceeds the number of arrests in the State during 2000 for either aggravated assault (39,120) or burglary (26,087). [7]

52 per 100,000

The rate of suicide in California **county jails** during 2001. [8]

11 per 100,000

The rate of suicide **nationwide**. [9]

2 The Report. Provides a comprehensive study, with 46 policy statements, more than 200 recommendations for implementation, and over 100 examples of programs and policies developed by jurisdictions working to address the problem.

“Every time a person with mental illness is killed by police it has tragic consequences for everyone involved—the person with mental illness, their loved ones, and the police officer. Implementing recommendations in the Consensus Project Report and tapping the Project's resources can save lives and improve communities' confidence in law enforcement.”

CHIEF ROBERT OLSON, Minneapolis Police Department, MN

3 A Bipartisan Consensus. Builds on a bipartisan consensus among more than 100 leading criminal justice and mental health policymakers, practitioners, and advocates from across the country.

“The Consensus Project has brought together individuals from across the political spectrum and from all parts of the criminal justice and mental health systems. Whoever your organization or agency needs to hear from, be it a conservative Republican sheriff from the West or a liberal Democratic legislator from the East, the Consensus Project can bring them there.”

REP. MIKE LAWLOR, Co-Chair, Criminal Justice / Mental Health Consensus Projects and Chair, Joint Judiciary Committee, CT

(continued on next page)

National Initiative (continued from previous page)

4 A Tool to Focus on Specific

Aspects of the Problem. Helps policymakers, practitioners, and advocates focus on specific aspects of the problem.

5 Assistance

\$1.1 million

What King County, Washington taxpayers spent on **just 20 people** who had been repeatedly hospitalized, jailed, or admitted to detoxification centers over the course of only one year. [10]

with the Implementation of the Report Recommendations.

Along with making the report available online, the Consensus Project web site provides valuable information and powerful interactive tools for policymakers, practitioners, and advocates across the country. Educational presentations from project representatives can help frame the issue. And, technical assistance will be available to select jurisdictions.

“At the Bureau of Justice Assistance, we know that one of the most pressing problems facing criminal justice practitioners and policymakers is the increasing number of people with mental illness coming into contact with the criminal justice system. ‘The Criminal Justice/Mental Health Consensus Project’ is an important resource for those on the front-lines, as well as policy and program decision-makers at every level of government.”

RICHARD R. NEDELKOFF, Director, Bureau of Justice Assistance, Office of Justice Programs, U. S. Department of Justice

The Houston Police Department's C I T

98%

The percentage of people in serious mental health crises responded to by Houston Police Department Crisis Intervention Team officers that are taken for emergency mental health evaluation. (Based on an analysis of 694 calls.) [11]

1%

The percentage of people in serious mental health crises responded to by Houston Police Department Crisis Intervention Team officers that are **arrested**. (Based on an analysis of 694 calls.) [12]

program is included in the Consensus Project as an example program. Specific mention is made of Houston's efforts to train dispatchers and call-takers under the “Recommendations for Implementation” section.

REFERENCES

856

Average number of CIT calls per month in the Houston Police Department. (January through May, 2003) [13]

1. Unpublished statistic courtesy of Dr. James Fyfe, Director of Training, New York Police Department.
2. Paula M. Ditton, *Mental Health Treatment of Inmates and Probationers*, Bureau of Justice Statistics, U. S. Department of Justice, July 1999.
3. Ibid.
4. Ibid.
5. Lois A. Ventura, Charlene A. Cassel, Joseph E. Jacoby, Bu Huang, “Case Management and Recidivism of Mentally Ill Persons Released From Jail,” *Psychiatric Services* 49:10, Oct. 1998, 1330-37.
6. Annette C. McGaha, Paul G. Stiles, The Florida Mental Health Act (The Baker Act) 2000 Annual Report, Louis de la Parte Florida Mental Health Institute. July 2001. Available at: <http://bakeract.fmhi.usf.edu>
7. www.fdle.state.fl.us/FSAC/
8. The Associated Press, “In California's county jails, suicides are up sharply,” June 16, 2002.
9. www.nimh.nih.gov/research/suifact.htm
10. Unpublished statistic courtesy of Patrick Venzo, Administrator, Cross Systems Integration Efforts, Department of Community and Human Services, King County, WA.
11. Unpublished statistic provided by Officer Frank Webb, Crisis Intervention Team Coordinator, Houston Police Department, TX.
12. Ibid.
13. Ibid.

ENDNOTES

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The Consensus Project Report can be viewed online at www.consensusproject.org. Site visitors can also download each statement, chapter, or the entire report in PDF format.

Hard copies of the Consensus Project Report can be purchased for \$20 plus shipping and handling. The reports can be purchased online, or by calling 1-800-800-1910.

The telephone and fax numbers for The Criminal Justice / Mental Health Consensus Project are: Tel. (212) 912-0128, Fax. (212) 912-0549. Address: 170 Broadway, 18th Floor, New York, NY 10038.

Officer Talks Woman Out of Committing Suicide—Thanks Officer for Saving Her Life

Kelly, a single mother of two girls, recently moved to Houston from Chicago, Illinois. Although she made some friends here, she had no family nearby and has been battling depression for several years. The stress of being a single parent, of moving to a new locale, along with her battle with depression got too much for her and she decided to end her life. Kelly had it all planned. She wrote letters to her girls and best friend and taped them to the television. She placed a blanket in the bathtub to absorb most of the blood after she shot herself there. She locked her apartment door and locked herself inside her bedroom. She had a semi-automatic pistol loaded and ready. She was ready to take her life but had one more thing to do. She had to call her best friend and tell her to come to the apartment and “clean up” before Kelly’s girls returned from school and found their mother’s body. Kelly phoned her friend at work but her friend was unable to take the call. Kelly then called Crisis Hotline and told the counselor that she was about to commit suicide and Crisis Hotline needed to call her friend at work. Crisis Hotline called the police and Emergency Medical Services.

Crisis Intervention Team (CIT) officers Doug and Maryann Hrcir and Danny Cohen responded to the call. The officers knocked on the door of Kelly’s apartment but received no response. The officers and a supervisor believed entry could be safely made and, with a master key provided by the manager, entered Kelly’s apartment. The officers conducted a safety sweep and found the last door in the hallway locked. The officers backed off and took positions of safety.

The officers could hear someone moving around in the locked room, which was Kelly’s bedroom. Officers Doug Hrcir and Danny Cohen made repeated attempts to communicate with Kelly but to no avail. At one point, the officers heard the distinct metallic sound of a pistol having a clip engaged, then the sound of the slide being racked back to load a round.

During this time, Officer Maryann Hrcir was in the living room where she noticed the letters taped to the television and pictures of Kelly’s daughters. With this information, Officer Maryann Hrcir attempted to communicate with Kelly. Officer Hrcir used Kelly’s name (previously learned from Crisis Hotline), pleaded with Kelly to talk about the situation before committing the

irrevocable act, assured Kelly that they were there to help her, and talked about Kelly’s two daughters and the fact that they would be returning home from school soon. The strategy worked; Kelly finally initiated communication. After communicating for a short period of time, Kelly said she would only talk with Officer Maryann Hrcir and stated she wanted the officer to enter the bedroom. After discussing the situation with the other officers, with the primary objective being Officer Maryann Hrcir’s safety, everyone agreed that if Kelly would show both of her hands Maryann would enter. The officers agreed that Maryann would approach the room in a crouched position with the agreement that she would drop to the floor immediately allowing one of the other officers to shoot Kelly if she grabbed her pistol and attempted to shoot at one of them.



Officer Maryann Hrcir

Officer Maryann Hrcir told Kelly she would enter the bedroom if Kelly did three things first: put the gun down, open the bedroom door, and show both of her hands. After more assurance from Officer Maryann Hrcir that she was there to help, that there were medications that could help, and that Kelly’s daughters needed their mother, Kelly agreed. Officer Maryann Hrcir cautiously entered the room calmly reassuring Kelly the whole time. They made physical contact and Kelly collapsed into Officer Maryann Hrcir’s arms, fell to the floor on her knees, and began crying and begging for help. Kelly was taken to the NeuroPsychiatric Center for help.

Officers Doug and Maryann Hrcir kept in contact with Kelly until she moved from the Houston area. When the officers last spoke with Kelly she was on medication, had a positive outlook on life, and thanked Officer Maryann Hrcir for saving her life and for giving her daughters their mother back. ♦

NOTE: SWAT and the Hostage Negotiation Team were called per department policy but were disregarded as the situation was settled before their arrival.

Did You Know ...

- ? The **greatest disability** for people during their most productive years, ages 19-45, is **depression**.
- ? **20,000,000** people worldwide suffer from **depression**.
- ? **Depression** is as great a risk factor for **heart disease** as is smoking.
- ? There are **30,000 suicides** in the U. S. annually, more than the number of **homicides**.
- ? **48%** of violent deaths worldwide are **self-inflicted**.
- ? **White males** over the age of 65 have a six-fold **suicide rate** over the rest of the population. The majority of these men have seen their primary care physician within one month before the suicide, yet the physicians never picked up on the depression.
- ? **38% of Viet Nam veterans** developed **PTSD** within a few years of returning from the war.
- ? There were **58,000 combat deaths in Viet Nam**. Over the 20 years that followed the war, there were about **60,000—70,000 suicides** by Viet Nam vets due to PTSD.
- ? In times of **war or terrorism**, there are more **psychological casualties** than physical casualties. During the **SCUD missile attacks** in the early 90s, three times the number of people visited Tel Aviv emergency rooms for psychological distress than came in for physical injuries. ♦

New Medications in Development

MEDICATION	MANUFACTURER	INDICATION	DEVELOPMENT STATUS
Aprepitant	Merck	Affective Disorders	Phase III
Aripiprazole	Bristol-Myers Squibb	Psychotic Disorders	Approved
Atomoxetine	Eli Lilly	ADHD	Approved
Deramciclane	Pharmacia/Orion	Anxiety Disorders	Discontinued Phase III Trials
Duloxetine	Eli Lilly	Affective Disorders	New Drug Application Filed
DU 127090	Novartis/Titan	Psychotic Disorders	Phase III
Escitalopram	Forrest	Generalized Anxiety	Phase III
Gepirone	Organon	Affective Disorders	New Drug Application Filed
Iloperidone	Novartis/Titan	Psychotic Disorders	Phase III
Olanzapine/fluoxetine combination	Eli Lilly	Affective Disorders	New Drug Application Filed
Olanzapine IM	Eli Lilly	Psychotic Disorders	New Drug Application Filed
ORG 5222	Organon	Psychotic Disorders	Phase III
ORG 24448	Organon	Psychotic Disorders	Phase II
Osanetant	Sanofi-Synthelabo	Psychotic Disorders	Phase II
NGD 91-3	Neutrogen/Pfizer	Anxiety Disorders	Phase II
Pagoclone	Pfizer/Indevus	Anxiety Disorders	Discontinued Phase III Trials
Pregabalin	Pfizer	Anxiety Disorders	Phase III
Risperidone IM	Johnson & Johnson	Psychotic Disorders	New Drug Application Filed
Selegiline	Somerset	Affective Disorders	New Drug Application Filed
Trandermal	Noven	ADHD	New Drug Application Filed
Ziprasidone IM	Pfizer	Psychotic Disorders	Approved

Mother Praises Actions of Sergeant—Credits Him With Saving Her Son's Life

Officer Frank Webb, the Houston Police Department's Crisis Intervention Team (CIT) program coordinator, recently received a phone call from a citizen who lives in far-west Harris County. The citizen said a sergeant with the Precinct 5 Constable's Office responded to a call involving her son and that the sergeant had gone above and beyond the call of duty by talking to her son for over five hours and saved her son's life with a calm, caring, knowledgeable approach and demeanor. The citizen praised the actions of the sergeant and his CIT training, which was provided by the Houston Police Department.

The citizen explained that her 22-year-old son suffers from post traumatic stress disorder and major depression with psychotic features. He is currently on five psychotropic medications.

At approximately 3 o'clock in the morning, the son had a psychotic break. He became very agitated and violent, damaged the house, awakened his parents, and chased them out into the front yard. Before being chased out of the house, the parents managed to call 911. The son

"The CIT training worked a miracle. I can't tell you how much it helped."

• ***Sergeant Ty Norling***

barricaded himself inside the house with a play Air Soft handgun. When the first unit arrived, the son was pointing the handgun out of an upstairs window shouting obscenities at the responding deputies. Understandably, one deputy drew his weapon. The parents told the deputy the gun wasn't real and pleaded with him not to shoot.

Soon afterwards, Sergeant Ty Norling arrived. He recognized the Air Soft rifle, which looks very authentic. Sergeant Norling inquired about other weapons and was told by the parents there were none. Sergeant Norling instructed his deputies to stand back and holster their weapons. The son—John—was still yelling and screaming and pointing the play handgun at the responders. Sergeant Norling was convinced John was trying to commit suicide by cop.

Sergeant Norling attempted to communicate with John but John kept yelling and screaming. Sergeant Norling then said he was a Crisis Intervention Team member and "everything changed." Amazingly, John's demeanor went from yelling and screaming profanities and pointing the play gun at Sergeant Norling to listening and communicating with him. John has had previous encounters with law



Sergeant Ty Norling

enforcement. Some of those encounters have been with non-CIT officers and have been negative. Some have been with CIT-trained officers and all of those have been positive. John trusts CIT officers to help, not hurt him.

Once communication was established, Sergeant Norling, still standing outside of the house, slowly and methodically worked his way closer to the house, negotiating with John each step of the way. John finally said he wanted to talk with his regular doctor. Sergeant Norling stated

he made 15 to 20 phone calls were made trying to find John's regular doctor. Being unable to locate him, Sergeant Norling called the NeuroPsychiatric Center (NPC) attempting to get a doctor there to talk to John. Finally one agreed but he was unable to get through on the phone as it had been torn out of the wall during John's tirade. Eventually the level of established rapport allowed deputies to take John into protective custody without injury or further incident. Four-and-a-half hours after arriving, Sergeant Norling drove John to the NPC for help. Surprisingly, Sergeant Norling said the time "flew by."

Sergeant Norling was very complimentary and appreciative of the CIT training he received at the Houston Police Academy. He said "The training worked a miracle. I

"Sergeant Norling went above and beyond the call of duty. He saved my son's life."

• ***Mother***

can't tell you how much it helped. Precinct Five Constable Glen Cheek is a staunch supporter of the CIT program and personally approved our attendance at the CIT course." He went on to say it was some of the best training he has received in his law enforcement career. "Having the training made a difference in this young man's life. If I hadn't had the training, there's no way of telling how this incident would have ended."

Sergeant Wayne Clark, Sergeant Norling's partner who is also CIT certified, was on the scene and was invaluable to the success of this situation. Sergeant Clark relayed essential orders to the staged deputies and assisted with advice on how to handle the situation. ♦

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Houston Police Department Recognized by NAMI-Texas for Providing Regional and State Training

The National Alliance for the Mentally Ill (NAMI) Texas recognized the Houston Police Department for its efforts to provide Crisis Intervention Team (CIT) training to law enforcement agencies in the Houston/Harris County region and across the state. Officer Frank Webb, the Houston Police Department's CIT Coordinator, received an award on behalf of the department at the 2003 NAMI-Texas Conference held in Corpus Christi, Texas in September.

NAMI cited the department's 12-year collaboration with the Harris County mental health community as a standard for other law enforcement agencies and to show what can be accomplished when law enforcement and mental health work together. Collaboratively, the Houston Police Department and mental health community have developed several in-service training classes on mental illness, have streamlined the process for obtaining emergency detention orders in Harris County, have worked to open the Mental Health Mental Retardation Au-

thority's NeuroPsychiatric Center, and have developed the Crisis Intervention Team program.

Specific mention was made of Houston's willingness to provide the 40-hour CIT class to personnel from across the Houston/Harris County region and the state. Houston has trained over 500 personnel from 26 regional agencies. Additionally, the Houston CIT training team traveled to San Antonio in April 2003 to train personnel from the San Antonio Police Department and Bexar County Sheriff's Office and to Austin in August 2003 to train personnel from the Austin Police Department and Travis County Sheriff's Office.

The members of the Houston training team that traveled to San Antonio and Austin are: Dr. Greg Riede, Dr. Verdi Lethermon, Sergeant Mike Lee, Officers Doug Hrnir, Maryann Hrnir, Mark Caronna, Teri Pittman, Dave Walker, Jim Conley, Terry Bratton, and Frank Webb. ♦

